mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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Male White Divorced (which word) 5. It married, widowed, or divorced (Nonth) 6. DATE OF BIRTH/month, 513, and yesr) 7. AGE Years Month Oays It LESS than 19 3 1 dayhrs. ormin. 8. Trade, profession, or particular kind of work done as SPINKER, AMERICAN Control of the Control of t		MEDICAL CERTIFICATE OF DEATH
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Registrat. (Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1000	1921	Run over by street car	1 week ago
Cercbral hemorrhage	DURING W	July 5,1927	Peritonitis	3 days ago
		A CONTRACTOR OF THE PARTY OF TH		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

County Worcester Village or City Pocomoke City R.F.D.# 3. No. St. Uildeath occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs, mos ds. How long in U.S. if of foreign birth? 2. FULL NAME Sanders Ardis (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	
Length of residence In city or town where death occurred yrs mos. 2. FULL NAME Sanders Ardis (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OF DIVORCED (warite the word) Married White Married (Month) (Day) (Ye 5a. If married, widowed, or divorced (Or) Wife of Sarah W. Ardis 6. DATE OF BIRTH (month, day, and year) August 31st 1855 7. AGE Years Months Days If LESS than 1 AGE OF SAWYER, BOOKKEEPER, etc. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked at 11-193 11. Total time (years) spent in this occupation (month and 11-193 21. Total time (years) year) 12. BIRTHPLACE (city or town). Accomace County Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). Accomace County	
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(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Male 4. COLOR OR RACE Normarried, widowed, or divorced HUSBAND of (or) WIFE of Sarah W. Ardis 6. DATE OF BIRTH (month, day, and year) Aligust 31st 1855 7. AGE Years Months Days If LESS than to have occurred on the date stated above, 12 000A m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, Farmer 9. Industry or business in which work was done, as SPINNER, Farmer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SPINNER, Farmer 9. Industry or business in which work was done, as SPINNER, Farmer 9. Industry or business in which work was done, as SPINNER, Farmer 9. Industry or business in which work was done, as SPINNER, Farmer 9. Industry or business in which work was done, as SPINNER, Farmer 9. Industry or business in which work was done, as SPINNER, Farmer 9. Industry or business in which work was done, as SPINNER, Farmer 9. Industry or business in which work was done, as SPINNER, Farmer 9. Industry or business in which work was done, as SPINNER, Farmer 9. Other Coatributory Causes of Importance: Other Coatributory Causes of Importance:	
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The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Samyer Sa	
8. Trade, profession, or particular kind of work done, as SPINNER. Farmer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11-1932 11. Total time (years) spent in this occupation (month and 11-1932 12. BIRTHPLACE (city or town) Accomac County	
(State or country) Virginia. 13. NAME William Ardis	y'a
14. BIRTHPLACE (city or town) Accomac County (State or country) Virginia. Name of operation What test confirmed diagnosis? Was there an autopsy?	
The transfer of the transfer o	
15. MAIDEN NAME ROSena Porter 16. BIRTHPLACE (city or town) Accomac County (State or country) Virginia 17. INFORMAN VISS Cynthia Ardis (Address) Pocomoke City, Maryland 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18 BURIAL CREMATION OR REMOVAL Remsens Cemetary Wordester County Manner of injury Nature of injury	
19. UNDERTAKER LUCIAL LAND 24. Was disease or injury in any way related to occupation of deceased? (Address) O COMOKE City, Maryland. If so, specify	
20. FILED Del 4, 1932 John J Kelly Registrar. (Address) January Caly Ma If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	.M. D.

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	(i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH 13757
1. PLACE OF DEATH	
County Warculey	Registration Dist. No. 254
Village or City Mr. Stockton	NoSt., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?
2. FULL NAME	Daylia
(a) Residence: No	Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	21. DATE OF DEATH (Nonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY-CERTIFY, That I attended deceased from
	22 6 10 10 19
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on 1922; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
9 Trade profession or patient	were as follows: Oate of onset
A control of particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this programme) and the same of	6 monthy Pres.
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) May 2016	Other Contributory Causes of importance:
(State or country)	
13. NAME Preston & Borning	
13. NAME Preston J. 13. 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of energian
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Beuch a: Pool	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Beuch (Pool	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Below Q . Pose (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Stockton Date le 10, 1932	Nature of injury
19. UNOERTAKER Region Bayles (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10, 32 Harry B. Taylor Registrar.	(Signed) M. D.
	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ł	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUTTAN V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEAT item of pluoda Registration Dist. No PHYSICIANS How long In U.S. if of foreign birth? vrs. mos. St., (a) Residence: No. RECORD (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 10282 OR DIVORCED (write the word) (Month (Year) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of : death is said 6. DATE OF BIRTH (month, day, end year) certificate 7. AGE ff LESS than Months Days FOR 1 day, hrs. ---- min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ MARGIN RESERVED pinous may 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (yeers) spent in this this occupation (month and instructions (State or country) Hear supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) n plain (State or country) What test confirmed diagnosis?_____ Was there an autopsy?. carefully OTHER 15. MAIDEN NAME IN 23. If death was due to external causes (VIOLENCE) fill in also the following important Accident, suicide, or homicide?..... Date of injury....., 19. 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?___ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) OF 18. BURIAL, CREMATION, OR R Manner of injury CAUSE mation Nature of injury LION 24. Wes disease or injury in any way related to occupation of deceased (Address) If more blacks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importanco:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIA

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured: Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SHAM OF BRANCH	July 5,1927	Peritonitis	3 days ago
	BURESU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	of infor-	uld state	CCUPA.
	item	sho) jo
/	Every.	CIANS	tement
	ORD	IXS	sta
	RECC	Y. PI	Exact
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	efully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
BI	PE	I E	rly
FOR	IS A	state	prope
ED	HIS	pe	pe
ERVI	VK-T	plnous	it may
RES	11 51	CE	that
Z	DIN		89
[ARG]	UNFA	upplied	terms,
A	TTH.	ully s	plain
	1	J.	H

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	15	46	
County Workers	lei.	Registration Dist. No. 3 3 2	
Village or City (3e)	elin.	No. St	Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and number)	
04	death occurred yrs, mos	How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Charles	demy (D)	irbage.	
(a) Residence: No.	(Usual place of abode)	St., UWard. If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male while	OR DIVORCED (write the word)	ARC 6 193	2
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day) (Ye	ar)
(or) WIFE of Mary Call	Erue (Bushay	22. 1 HEREBY CERTIFY Thet I attended dacaased	i from
	10 10 55	i die	3.2
7. AGE Yaars Months	Days 1858.	to have occurred on the data stated above, at 5 P m	is said
73 11	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence	
8. Trade profession or particular	ormin.	were as follows:	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		were renumbed the	24
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked at this occupating (month and	n - 1		
SAW MILL, BANK, etc.	Relieve 9.		
10. Date decaased last worked at this occupation (month and yaar)	11. Total time (years) spent in this occupation		
Jaar Aug State Sta	occupation 2	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) (State or country)	A :		
# 13. NAME Saac Lon B	andrase.	Cancer of Stormanh 193	0
E	m d	azene	
14. BIRTHPLACE (city or town)	0.700	Whet test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Worling	Idalland	23. If daath was due to axtarnal causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Service 16. BIRTHPLACE (city or town)	ml	Accidant, suicide, or homicide? Date of Injury 19.	
(Stete or country)		Whara did injury occur?	
17. INFORMANT Trus, Chas	Buban.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address)	4		
18. BURIAL, CREMATION, OR REMOVAL	0.00	Manner of Injury	
PlaceCoergner	Date Dec. 8, 1932	Natura of injury	
19. UNDERTAKER J. W. Bee	rboge.	24. Was disaase or Injury in any way ralatad to occupation of decaased?	w
(Addrass)	erlie, oul.	If so, spacify	
20. FILED Slee 7, 1952 & U	Muniford	(Signed) A Holland my	_M. D.
	Registrar.	(Addrass) Serlin M	
If more	nanks are needed, addry's State Registrar,	241 s N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

should state

Exact statement of OccuPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13761
County Worcester	Registration Dist. No. 354
Village or City Stocktow	No. St. Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
0 , 0 +	for the control of th
2. FULL NAME UNIVE (BOSTON)	<u> </u>
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, activorced	21. DATE OF DEATH
HUSBAND of Corp. WIFE of Covert N. Coloria	22. I HEREBY CERTIFY. That I attended deceased from 1932, to aller 12, 1932.
6. DATE OF BIRTH (month, day, and year) June 19, 1842	I last saw h 1 alive on All 12 170, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Lac Blank The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Tenda profession or particular	were as follows:
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this programming from this occupation (month and	Walnular Desease of Fleat 141
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A 1 3 1
SAW MILL, BANK, etc	Broncho - (Intermonea) 5 days
o this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town) - That fland (State or country)	Other Contributory Causes of importance:
13. NAME John War Vaccion	
14. BIRTHPLACE (city or town) War Collies	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Nonely Salutson) 16. BIRTHPLACE (city or town) 16. DERECTOR OF TOWNS (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
la Maria de Country)	Where dld Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OF REMOVAL COLOR	Manner of Injury
Walter Cate Date 14,100 C	Nature of injury
19. UNDERTAKEN / Ray / Dennes 1	24. Was disease or injury in any way related to occupation of deceased? . 10.
(Address) I vou Held Mo.	If so, specify
20. FILES CASE Harry Toyley	(Signed) ATMA NERRISSIA M. D.
Registrar.	(Address) Of HT (Alary)

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II	115
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
\\ BUPTAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s	/		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13752
County Workelow	Registration Dist. No. 3 C.3
Village or City Bishopville Md	ND. St, Ward
(II Length of residence in city or town where death occurredyrs,mgs.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
n. 1	4 . 11
2. FULL NAME MA. Unna la	therine cropper
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 (Day) 193 2 (Year)
5a. If married, widowed, or divorced	22. HEREBY CERTIFY, That attended deceased from
(or) WIFE of Mr. Charles Mr. Cropper	1 HEREBY CERTIFY, That I attended deceased from
C DATE OF BIRTH (month day and voca) Oct 10 1851	I last saw have alive on Dac 26 1982; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, all AM.
8/ 2 20 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Anarous D Date of onset
kind of werk dome, as SPINNER, SAWYER, BDDKKEEPER, etc	ald age
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
this occupation (month and spant in this year) occupation	
Thereester	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Mary Land	
13. NAME (ISA) Stray	
13. NAME Was Bray	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Plijabeth Gault	23. If death was due to externat causes (VtDLENCE) fill In also the following:
15. MAIDEN NAME Plijabeth Sault 16. BIRTHPLACE (city or town) 16. State or country Maryland	Accident, sulcide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Elizabelly (Jill (Address) 2018 Velleram St. Wilminston Del.	Specify whether injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Odd Fellow Churchery	Manner of injury
Place Districte mi Date Dec. 28, 1932	Nature of injury
19. UNDERTAKER Mrs. M. Jaska Hatson	24. Was disease er injury in eny way related to occupation of deceased?
(Address) Selby Kille Delsware	If so, specify
20 FILED Dec 2 7 1932/ Thraw	(Signed) A. P. Oalling M.D.
Registrar.	(Address) Buttofine ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Do. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH pinous Registration Dist. No. (if death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? ______yrs. _____mos.____ds. statement (a) Residence: No. St. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month) 5a. If married, widowed, or divorced HUSBANO of CERTIFY. That i attended deceesed from (or) WiFE of/19 FOR BIND 回 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than Lday, / -hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance -min. 8. Trede, profession, or particuler MARGIN RESERVED OCCUPATION kind of work done, es SPINNER, jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which plnods work wes done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Oate deceased last worked et this occupation (month and 030 11. Total tima (years) spent in this occupation __ instructions 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ain (State or country) carefully What test confirmed diegnosis? MOTHER very important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOL EXCE) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury_____ 16. BIRTHPLACE (city or town) DEATH (State or country) (Specify city or town, county and State) plnods Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVA Manner of Injury -WRITE CAUSE mation Neture of injury ... TION 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) if so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Oate of onset

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this-section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
y S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

STATE OF MA	ARYLAND-	CERTIFICAT	TE OF	DEATH
-------------	----------	------------	-------	-------

40	62	sect.	0	4
1	3	6	6	4

County Worcester WITHE CORPORATE IN No. 501 Laurel S	350
Manual Dogomoleo Citer	
	t.,Ward
(If death occurred in a hospital or institution, give its NAME instead of stree. Length of residence In city or town where death occurredyrsds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Carrie Dennis	
(a) Residence: No. 501 Laurel St., Ward.	
(Usual place of abode) If nonresident give city or tov	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEA	TH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH Pocomoke City December 7th Pocomoke City December 7th (Month) (Day)	1. , 193 2. (Year)
5a. If married, widowed, or divorced HUSBAND of William Dennis 22. I HEREBY CERTIFY That I att	
6. DATE OF BIRTH (month, day, and year) Date not known. I last saw have alive on the Start 19	19.5.2 ; death is said
6. DATE OF BIRTH (month, day, and year) Date not known. 7. AGE Years Months Days If LESS than to have occurred on the date stated above. 20 Pm.	; death is said
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trada profession or particular	Date of onset
kind of work done, es SPINNER. HOUSEWIFE Cargrens Chili	Se 31 09
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 7 7 7 0 11. Total time (years)	10/weeks
year) occupation occupation	
12. BIRTHPLACE (city or town) POCOMOKE City, Perturally of the Contributory Causes of importance:	1931
(State or country) Maryland Parland Ser Modelite Un	mt 1931
13. NAME George Patterson	
13. NAME George Patterson 14. BIRTHPLACE (city or town) Worcester County Name of operation Date (State or county)	e of
What test confirmed diagnosis? Was the	re an autopsy?
15. MAIDEN NAME Name Name Name Collins 23. If death was due to external causes (VIOLENCE) fill in also the formation of the secondary of the	
16. BIRTHPLACE (city or town) WORCESter County Accident, suicide, or homicide? Date of injury County Where did injury occur?	, 19
(Specify city or town, county a	nd State)
17. INFORMANT William Dennis Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC (Address) Pocomoke City, Maryland.	IC PLACE.
Halls Hill Cemetary Place PocomokeCity, Md Date Dec 10 1932 Nature of Injury	3,
19. UNDERTAKER PORONO CITY Naryland. 24. Was disease or injury In any way related to occupation of decease (Address) POCOMOKE City Naryland.	d? No
20. FILED Dec 9 1930 John T Ruley (Signed) A gylerus	- 1 M.D.
Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	ety wa

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 2022200 0.2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Latient was advise	FOR FURTHER STATEMENTS BY PHYSICIA	come a remove
to hospital of once.		2 entres 1 4
		1 185

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County 21 so should Registration Dist. No. ~ (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos. statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month) (Day) (Year) a. If married, widowed, or divorced HUSBAND of EREBY CERTIFY That I ettended deceased from BINDI (or) WIFE of (1) 6. DATE OF BIRTH (month, day, and year certificate. properly 7. AGE Years Months If LESS than Days to have occurred on the date stated above, at-I day....hrs The PRINCIPAL CAUSE OF DEATH and related causes of importence or____min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER. nur 2 SAWYER, BOOKKEEPER, etc. back 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may pinous uo 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 14 instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) terms. FATHER 13. NAME See plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy?__ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_. (Specify city or town, county and State) plnous Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury mation CAUSI LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) ż Registrar. (Address) _____ If more blanks are needed, address tate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUEEAU V. D.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

N. B.—WRITE PLAINLY,

V. S. No. 1

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

13,50

1. PLACE OF DEATH	SERTIFICATE OF BEATTI
	350
County Worcester	Registration Dist. No.
Village or City Pocomoke City	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME David Dorsey	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Nale White OR DIVORCED (write the word) Married	Pocomoke City Dec 14th., 193 2. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIEY, That I attended deceased from
(or) WIFE of Lizzie Dorsey	Mor-25 1932 to Nov- 25 1932
6. DATE OF BIRTH (month, day, and year) Exact date not kno	
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, at 3 • 30A_m.
A home MO	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
& Trade profession or particular	were as follows:
kind of work done as SPINNER, Day laborer SAWYER, BOOKKEEPER, etc. Day laborer 9. Industry or business in which	Ret translini 7
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and 6-1982 spent in this year)	
	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Kent County (State or country) Maryland	Hules and I do
13. NAME William Dorsev	V ACCEPTAGE OF THE PROPERTY OF
T	
14. BIRTHPLACE (city or town) Kent County (State or country) Maryland	Name of operation Date of
15. MAIDEN NAME Mary Anne Dorsey	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Kent County	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Maryland.	Where did injury occur?
17.INFORMANT Lizzie Dorsey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address Ocomoke City, Maryland	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
IS-BURIAL, CREMATION, OR REMOVAL	Manner of injury
Halls Hill Cemetary Dec 18th 1932	Neture of injury
19, UNDERTAKER PRINTINGER STEVENSON	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Pocomoke City Marylanda	If so, specify
20. FILED Die 17 1932 John T Poles	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BURNATUS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DE	STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEA.
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	3	Á	1	0
1.0	6.11	-	-	

1	. PLACE OF DEA	ТН				-	
	County Word	ester			Registration Dist. No. 23	0	
	Village or CityPo	comoke C	ity.R.F	.D.# 4	No. St.,	Ward	
				(II	f death occurred in a hospital or institution, give its NAME instead of street and nur		
					ds. How long In U.S. if of foreign birth?yrsmos.	ds.	
1	. FULL NAME.	STITIDO	rn / Gi	TTett			
	(a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town and St	ate	
ORDER DE	PERSONAL AI	ND STATIST		The second secon	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single					21. DATE OF DEATH December (Month) (Day)	193. 2 • (Year)	
5a.	If married, widowed, or div HUSBAND of	rorced			22. I HEREBY CERT1FY, That I attended de	caased from	
	(or) WIFE of				, 19 to		
6.	DATE OF BIRTH (month, d	ay, and year) De	cember	9.1932	I last saw h aliva on, 19;		
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated abova, at 6		
	0	0	0	l dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:	D 1 1 1	
Z	8. Trade, profession, or kind of work done	particular			Still Born.	Date of onset	
OCCUPATION	SAWYER, BOOKKE	EPER, etc					
JPA	9. Industry or business work was dona, as	SILK MILL.			No Physician or Midwife		
S	SAW MILL, BANK, 10. Data daceasad last w	orked at	11. Total	time (years)	in attendence		
0	this occupation (m	onth and	sps occ	ent in this upation			
12.	BIRTHPLACE (city or town (Stata or country)	, Pocomok		R. F. D. #	Other Contributory Causes of importance:		
œ		iam Gill					
FATHER		Woma		lounty	Al-		
FA	14. BIRTHPLACE (city or (Stata or country)	(OWII)	land		Name of operation Date of Was there an aul	no	
ER	15. MAIDEN NAME H				23. If death was dua to external causes (VIOLENCE) fill in also the following:	opsy?=====	
MOTHER	16. BIRTHPLACE (city or	town)			Accident, suicide, or homicide? Date of Injury	, 19	
_	(State or country)	V D			Whare did Injury occur?		
17. INFORMANT William Gillett (Address Pocomoke City. Md. R. F. D. # 4					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18 BURIAL CREMATION, OR REMOVAL Adams Wharf Farm Worcester County, Md. Date Dec 10, 19 32					Manner of injury		
19. UNDERTAKER Father. William Gillett (Address) Pocomoke City. R. F. D. # 4				0.# 4	24. Was disaase or injury in any way related to occupation of deceased?		
20. FILED Dec. 9. , 1932 John T Rolly Registrar.					(Signed) Local Regis (Address) Pocomoke City. Maryla	nd M.D.	

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BUREAU V.	8.1		
Other contributory causes of importance:		Other contributory causes of importance:	4 11 11
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. B.-WRITE PLAINLY,

V. S. No. 1

ż

	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	82-0			
County Wareesler	Registration Dist. No. 3 3 2 4			
Village or City / Sellen	No. St., Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number)			
FD. 0 . 1 . 2 . 1	ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Clizabeth / for	216			
(a) Residence: No.	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED fruite the word)	21. DATE OF DEATH			
Temale el. Didaw	/2 // (Month) (Day) (Year)			
5e. If merried, widowed, or divorced HUSBAND of				
(or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceased from			
0.6	1982, to 12/4/32 19			
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS then	I last saw h Av alive on 12/1/32 ,19 ; deeth is said			
I day,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted ceusas of importence			
about 88 ormin.	were es follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, House Wile	11/1/32			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation Amonth and				
work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Dete deceased last worked at II. Total time (years)				
o this occupation (month and year) spent in this occupation confirm				
Chad	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) (State or country)				
I 13. NAME Slephen Showell				
13. NAME Stephen Dhavell 14. BIRTHPLACE (city or town) Md	Neme of operation Date of			
(Stete of country)	Whet test confirmed diegnosis? Was there an eutopsy?			
15. MAIDEN NAME Jundy Matthey 16. BIRTHPLACE (city or town) Mad.	23. If death was due to externel causes (VIOLENCE) fill in also the following:			
5 16. BIRTHPLACE (city or town) / ma.	Accident, suicide, or homicide? Dete of injury, 19			
∑ (State or country)	Where did Injury occur?			
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(Address) Rulein mid				
18. BURIAL, CREMATION, OR REMOVALE	Menner of injury			
Plece/ germandana Date Rece, 6, 19 32				
10 mortiales & IN. 12 May				
19. UNDERTAKER A COMPANY	24. Was diseese or injury in any way releted to occupetion of deceesed?			
20. FILED Klec 4 1932 IV Muznfred	(Signed) Zaeluh P Hung M.D.			

If more blanks are needed, uddres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Offe Registrar.

(Address)

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BUREAU A S			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDIN

FOR

RESERVED

MARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritanitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN mation should be carefully supplied. ż

V. S. No. 1

STATE OF	MARYL	AND-CERT	TIFICATE	OF	DEATH
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1. PLACE OF DEATH	13771
county Worcester.	Registration Dist. No. 33-2
Village or City Berlin.	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Settle Una Ja	man.
(a) Residence: No. (Usual place of abode)	St., Ward. If ponresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOV OR DIVORCED grange the w	
5a. If married, wildowed, or divorced HUSBANO of	(month) (buy) (four)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
0 1 20 .02	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Month Days If LESS	than to have occurred on the date stated above, at 2-A-m.
1 day,	
8. Trade, profession, or perticuler	Daty of onaet
kind of work done, as SPINNER, howe	Brotowy-13roncho Vali
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate decessed last worked at this occurrentian (month and	Pulmahna - 1532
The todustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	not in allendance
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) The AAA)
(Stete or country)	Cold for 2 weeks
13. NAME alvest surgell 14. BIRTHPLACE (city or town).	
4. BIRTHPLACE (city or town)	Name of operation Date af
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Lealy Jarrise.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Lealy James. 16. BIRTHPLACE (city or town).	Accident, sulcide, or homicide?Oate af injury, 19
≥ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Leale James. (Address) Berlin M	Specify whether injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Paulo. Oate Use. 31,1	9.3.2 Nature of injury
19. UNDERTAKER J. W. Burhage. (Address) Berlin M.	24. Wes disease er injury in any way related to occupation of deceased? 25
20. FILEO Dec 3/ , 1932 De l'Allemfer	(Signed) has I. Jaw M. D.
16 move blanks are middle 11. Comm	Printer and N. Challe Survey Published By and C. N.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUNEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization to change date of with see buth certificate

BINDI

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BURFAU V.S.			
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X	T RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
FOR BINDIN	IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAINI	mation should be	CAUSE OF DEA	TION is very imp

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	3.90
1. PLACE OF DEATH		(31)	0:0
County Marger	1	Registration Dist. No. 23	4
Village or City	ety ma	NoSt	Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Have	of a to	resi	
(a) Residence: No.		St. Ward.	
	(Usual place of abode)	If nonresident give city or town an	id State
PERSONAL AND STATIST	,	MEDICAL CERTIFICATE OF DEATH	
newal A. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("The the word)	21. DATE OF DEATH 26 (Month) (Day)	, 193 Z (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	Jones	22. I HEREBY CERTIFY, That I ettended ACC 10 1911 to Dec 2	d deceased from
6. DATE OF BIRTH (month, day, and year)	W17-1853	I last saw h alive on Que 24 19 5	e death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2309 m.	
79 0	29 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	VD. 4. II.
8. Trade, p ofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tous Werk	Valonear diseasey his	172
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	2	Chronic nephritis ! Sof mouths' dura-	
O Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this	Took, Cugal	
12. BIRTHPLACE (city or town) (State or country)	areland	Other Contributory Causes of importance: Whence Comme	3 Dages
13. NAME WW. K	Roberley,		
13. NAME WW.	1/	Name of operation Date of.	
(State or country)	Md.	What test confirmed diagnosis? Wes there an	autopsy?
15. MAIDEN NAME COLOR	ette Holdler	 If death was due to external ceuses (VIOLENCE) fill in elso the following 	ng:
15. MAIDEN NAME COLOR		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	a mai	Where did injury occur?(Specify city or town, county and St.	ate)
17. INFORMANT	Il Sellin Pa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL PREMATION OF REMOVAL	10. 2721	Manner of Injury	*************
- July Com	Some Collins	Nature of injury	
19. UNDERTAKER SEATON	Helloma	24. Was disease or injury In any wey related to occupation of deceased?	No
20. Foto 20 732 Ha	NESSISTAT.	(Signed) Ann D. Sigheren (Address) William Mig	M. D.
If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEA OCC plnods Registration Dist. No. item of Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where How long in U.S. if of foreign birth? RECORD. Every statement 2. FULL NAME St. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (frite the word) CTL (Year) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from BINDI (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly If LESS than Days 7. AGE Month FOR stated 1 day... and related causes of importance .___ min. Date of onset 8. Trade, profession, or particular S OCCUPATION kind of work done, as SPINNER. MARGIN RESERVED be of SAWYER, BOOKKEEPER, etc. may back Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) on 10. Date deceased last worked et this occupation (month end spent in this that occupation instructions Other Contributory Causes of Importance: 08 12. BIRTHPLACE (city or town (State or country supplied. FATHER 13, NAME 14. BIRTHPLACE (city or town plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_____ 19. 16. BIRTHPLACE (city DEATH (State or country Where did Injury occur?___ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN (Address OF 18. BURIAL, CHEMATION. Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury In any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

3)	infor-	state	UPA-
/	Jo 1	plno	OCC
(1)	item	shc	Jo
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S	MA	VY	lass
BI	PER	E	ly c
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See instructions on back of certificate.

TION is very important.

mation should be car B.—WRITE PLAINLY,

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STATE OF MARYLAND-CERTIFICATE OF DEATH

:	1. PLACE OF DEATH			(A)	13	115
	County Worcester				Registration Dist. No. 35	53
	Village or City B1 shop			No	st.	Ward
	Length of residence in city or town where de	ath occurred		death occurred in a nospital or institut	non, give its INAIVIE instead of street and	number)
	2. FULL NAME Stillb				William Stranger Stra	110303.
	(a) Residence: No.	01.11 111411	11.01.01	Ct Word		
	(a) nesidelice. No.	(Usual place	of abode)	St.,Ward.	If nonresident give city or town and	d State
	PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CE	ERTIFICATE OF DEATH	
		5. SINGLE, MARI OR DIVORCEI	R1ED, W1DOWED, O (write the word)	21. DATE OF DEATH	December 17.	2
	Female Black	S			(Month) (Day)	(Year)
oa.	. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY	CERTIFY, That I attended	deceased from
	(or) with a single control of the co				19, to	
	DATE OF BIRTH (month, day, and year) Dec	. 17, 1	1932		, 19	
7.	AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated		
	STILLBORN		ormin.	were as follows:	H and related causes of importance	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				400000000000000000000000000000000000000	
OCCUPATION	9. Industry or business in which			STITLEORN		
CO	work was done, as SILK MILL, SAW MILL, BANK, etc			- 8	***************************************	
8	10. Date deceased last worked at this occupation (month and year)	11. Total tii	me (years) It in this pation			
-	D4		pation	Other Contributary Causes of impor		
12.		shop d.				
ER	13. NAME Otto Mumfo					
FATHER	14. BIRTHPLACE (city or town)			d .	Date of	1
	(State or country) Bis	hop, Mc		N .	Was there an	
MOTHER	15. MAIDEN NAME Lottie J.	Showell			ses (VIOLENCE) fill in also the followin	
01	16. BIRTHPLACE (city or town)	yland.		A CONTRACTOR OF THE PARTY OF TH	Date of injury	_
-	(Color of Colory)			Where did injury occur?	(Specify city or town, county and Sta	
17.	INFORMANT Martha Waple	3		Specify whether injury occurred in	INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18.	BURIAL CREMATION, OR REMOVAL		,			
	Place Duke's Cem	_Date12/	/17 ,1932			
19	undertaker father of c	hild			y related to occupation of deceased?	
_	(Address)			If so, specify A	A	
20.	FILED 12/17/32, J.L.	Ryan		(Signed) Smy y	V /	
			Registrar.	(Address) R1	shonville	

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BUREAU VS

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importances Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITS-LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED W. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13776
1. PLACE OF DEATH	
county Workesler	Registration Dist. No. 351
Village of City on State with a will	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) // ds. How long in U.S. if of foreign birth?
Length of residence in city or town where daath occurred 3 - 4 - yrs.	
2. FULL NAME Sloye (missos) Fa	yne_
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write he word)	Lic 29 . 193 ?
5a. It/married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Corp. WIFE of Cash & Corp. WIFE of Cash &	22. HEREBY CERTIFY. That I attended deceased from
2000 100 100	Hast saw h. Auxalive on DC 29 1932 death is said
6. DATE OF BIRTH (month, day, and year) V 6V - /8 - /8 - /8 - /8 - /8 - /8 - /8 - /	to have occurred on the date stated above, at 5.20 Pm.
1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
3 7 or	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Carlo redigistion
Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. D. Data deceased last worked at this occupation (month and) 11. Total time (years) spant in this	
year) occupation 57 year	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(Stata or country) many bang	
13. NAME Oracl Vayne 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was thera an autopsy?—
15. MAIDEN NAME 16. BIRTHPLACE (city ar town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16, BIRTHPLACE (city ar town)	Accident, suicide, or homicide?
(State or country) manyland	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT TOOCH TOTAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL White and Consultation	Manner of injury
Placa Portugat July Date Dec 3/1 , 1933	Nature of injury
Total (And	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
12021 22 PSP 8 Th	(Signed) TO ASY N. , MULLY M. D.
20. FILED 751 , 1952 4 ELLOY Registrar.	(Address) Sun July Md.
If more blanks are needed address State Registrar	24. N. Charles Street Beltimore Requesting T) S. No. r.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1;1923	Gastroenteritis	1 year

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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE (F MARYLAND-C	ERTIFICATE	OF	DEATH
OF DEATH		(Ver		

13777

1. PLACE OF DEATH	(17)
CountyWorcester	Registration Dist. Np.
Village Dr City Goodwill	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Alonza Wilson Pilchard	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (prite the word) Married	21. DATE OF DEATH December 14. 193 2. (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mollie Pilchard	22. f HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 7th. 1880.	I last saw h. 1m. stice on Dec. 14. 19.33; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4.4.5. M. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
52 11 7 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. Farmer	The diseased death was a case
SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and a contract of the second in this county in the second in the second in the second in the second in this second in the se	of suiside, He shot himself below the heart, and through
SAW MILL, BANK, etc.	the liver and spleen.
10. Oate deceased last worked at this occupation (month and 12-1932 spant in this occupation. Life occupation.	Inquest deemed not Nessissry
	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town). Worcester County (State or country) Maryland	Insane.
	He had been confined some time ago in Cambridge Md. Hospital
13. NAME William H.H.Pilchard 14. BIRTHPLACE (city or town) Worcester County	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?_NQ
15. MAIDEN NAME Susan J. Payne	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Susan J. Payne 16. BIRTHPLACE (city or town) Worcester County	Accident, suicide, or homicide?SUICIDEDate of injury, 19
E (State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Nollie Pilchard (Address Pocomoke City, Maryland.	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Home
18, BURIAL, CREMAIDN, DR REMOVAL GOODWILL M. C. Cemetary Dec. 16th ., 19.32	Manner of injury
19. UNDERTAKER VERSION PATEULUSON	24. Was disease or injury in any way related to occupation of deceased?
(Address) ocomoke City, laryland.	If so, specify Justice of the Per
20. FILEO DO C. 15 , 1932. John T Killy	(Signed) John 1, Maley acting cororner, b.
Registrar.	(Address) Pocomoke City Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLLU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-20
county W wreester	Registration Dist. No. 3 52
Village or City /3 celin Ind	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?yrsds.
2. FULL NAME This am Past	
	Cs Mard
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wishes	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Statarus Post	22. I HEREBY CERTIFY, that I attended deceased from Nove 1 1932 to been 1 1932
6. DATE OF BIRTH (month, day, and year) hour 6. 1849	I last saw h. Lond alive on wee 1 1932 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on tha date stated above, at 1/3-1-m.
85 0 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	Chronic Myocardele Date of onset
SAWYER, BOOKKEEPER, etc. January	10
Studustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Stigdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and work) year) 11. Total time (years) spent in this year)	
111 + 9/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) VIII (State or country)	70,707
W 13. NAME Enoch Past	
13. NAME Essoch ast 14. BIRTHPLACE (city or town). West Va.	Name of operation. There Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Edithe Typeh 16. BIRTHPLACE (city or town) West Duying	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) West Duginia	Accident, sulcide, or homicide? Date of injury, 19
∑ (State or country)	Whera did Injury occur? (Specify city or town, county and State)
17, INFORMANT Mr. Marshall Josh. (Address) Berling Ind.	Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plactuergreen Em. Data Dec. 13, 19.52	· Nature of injury
19. UNDERTAKER W. Burbage:	24. Was disease or injury in any way related to occupation of deceased?
(Address) Berlyn, med.	If so, specify
20. FILED 12 1932 J. Muniford Registrate.	(Signed) M. D. (Address) Behlun M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PURE BAG V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones ,	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1	MARGIN RESERV	MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, v mation should be caref CAUSE OF DEATH in	vITH UNFADING INK—T ully supplied. AGE should plain terms, so that it may	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
MOIN IS VERY IMPORTAN	HOLVE IS VERY IMPORTANT. See INSTRUCTIONS ON DACK OF CERTIFICATE.	or certificate.

(3)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County Worcesty	Registration Dist. No. 3 0
Village or City hear Snow- Hill med	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Boby Price	
(a) Residence: No.	_St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 29. 19 32	, 19 , to , 19
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 4.6m.
O O O I day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Dead bore - 00 sais Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	midwifes
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
this occupation (month end spent in this occupation year)	
12. BIRTHPLACE (city or town) near Dnow Trill and (State or country)	Other Coutributory Causes of importance:
	56,
13. NAME Caul Johnson 14. BIRTHPLACE (city or town) Near Snow Hill Ind	
14. BIRTHPLACE (city or town) Near Snow Hill Ind	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) near Anow Hill md	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sclonia C. Turrell (Address) Scoobill ma	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL PIece Hutts Chope Date Dec 30, 19.32	Manner of injury
19. UNDERTAKER Paul Johnson	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILED 1730, 1932 LECoy Swith	(Signed) LECon Swith K, Rogan
Registrar.	(Address) State Polymers Pourseum 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THREAT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	PLACE OF DEATH		46)	1-9
	County Warrestee	0. 1	Registration Dist. No. 23	1 2
	Village or City / Sulles	i (ma,	No. S f death occurred in a horpital or institution, give its NAME instead of stree	t.,Wa
	Length of rasidence in city or town whare d		sds. How long In U.S. if of foreign birth?yrs	
2.	FULL NAME Gilis	2 E. 18 ay	nl	
	(a) Residence: No.		St., Ward.	
		(Usual place of abode)	If nouresident give city or tow	n and Stete
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	гн
3. S	nale white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 (Month)	193 ?
5á. I	If married, widowad, or divorced HUSBAND of			(1001)
	(or) WIFE of Sallie 12	ayne.	22. I HEREBY CERTIFY, That I att	
6 D	ATE OF BIRTH (month, day, and year)	1 211058	I last saw been alive on 200 2 - 19	daath is s
7. A		Days If LESS than	to have occurred on the date stated above, at \$245.0m.	daath is s
	74	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rafatad causes of importance	
-1	8. Trade, profession, or particular	ormin.	were as follows:	Date of on
TION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Carring A	
PA	9. Industry or business in which work was dona, as SILK MILL,	tool		
OCCUPA	SAW MILL, BANK, etc	11. Total time (years)	Stemech	
0	this occupation (month and year)	spent in the occupation		· · · · · · · · · · · ·
	Dans	1	Other Contributary Causes of importance:	18
12. 1	(State or country)	0	M. h. Il.	
	13. NAME Willest /	lanne	thr hefhalis	0
= "	14. BIRTH/LACE (city or town)	11	Name of operation 2 Date	
F	(State or country)	~	What test confirmed diagnosis?	
HER	15. MAIDEN NAME Flinabeth	druit	23. If daath was dua to external causes (VIOL ENCE) fill in also tha fol	
_	16. BIRTHPLACE (city or toy)	nd.	Accident, suicida, or homicide? Date of injury	
Σ	(State or country)	*	Whare did injury occur?	, 17
17. 1	NFORMANT Mrs. Sallis (Addrass)	layne in and	(Specify city or town, county at Specify whather injury occurred in INDUSTRY, in HOME, or in PUBL	d State) IC PLACE.
18. E	BURIAL, CREMATION, OR REMOVAL	10	Mannar of injury	
	Place Descherg ham.	Date 10 ev 6, 1932	Natura of injury	
19. L	UNDERTAKER 1 12 / 3	rhase	24. Was disease or injury in any way related to occupation of decaasa	d? No
00 5	ILED LOVE # 1912 IV	THumbed	(Signad) Char. 1. dan	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	Example I	1	Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1010 4 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BURRAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
		May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13781
1. PLACE OF, DEATH	97)
county ragicesting	Registration Dist. No.
Village or City Cacomo Setert	No. WITHIN CONTROL NO. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	r death occurred in a norpital or institution, give its INAIVIE instead of street and number) G
2. FULL NAME LLOTTE	La company of the com
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
S. SEX OOLOR OR. RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Tracique of the said	, 19, to, 19, 19
5. DATE OF BIRTH (month, day, and year) Llove / Lucture	I last saw h ; death is said
AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	No Physician in attendance
kind of work done, as SPINNER, after SAWYER, BDDKKEEPER, etc.	Dr A.A. Parker attended the
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	destased several months ago
1D. Date deceased last worked at this occupation (month and year) occupation	Outerio sclerosio. Duration, unknown- with
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance of any foul
	play
13. NAME DEFENDEN	no inquest
(State or country)	Neme of operation Dete of
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? IIO
1 man de la	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT Devec The Co. (Address) POCO World Cent. Mil	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, 98 REMOVAL	Manner of injury
Hollister Date Le Z & 1052	Nature of injury
19. UNDERTAKER SALLOND PROS	24. Was disease or injury in any way related to occupation of deceased?
(Address) for our he liete Med	(Signed) That Local Registrarm, p.
20. FILED Registrar.	(Address) Preamake Coly 2112

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other centributory equises of importance		
May 1,1923		1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
ACE OF	DEATH		(109)		

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1	0	1	Ü	2

1. PLACE OF DEATH		(109)			
County Worcester		Registration Dist. No. 355			
Village or City_Berlin		No. St., f death occurred in a hospital or institution, give its NAME instead of street and nu	Ward		
Length of residence in city or town where death or		sds. How long in U.S. if of foreign birth?yrs,mos,			
2. FULL NAME Caroline S	hockly				
(a) Residence: No.		St., Ward.			
(1	Usual place of abode)	If nonresident give city or town and S	tate		
PERSONAL AND STATISTICAL 3. SEX 4. COLOR OR RACE 5. SII		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH			
	NGLE, MARRIED, WIDOWED, t DIVORCED (write the word)	December 16 (Month) (Day)	193 2 (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERT1FY, That I attended de	eceesed from		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days 1/LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		no the second in attendance at both or at death of this elication couper. no doctor in attendance			
10. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Undertaker states that death of this shild was probably from preumonaids. Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) Mary (Stete or country)	land	-			
I 13. NAME Joe Shockl	У	_			
HE 13. NAME Joe Shock1 14. BIRTHPLACE (city or town) (Stete or country) Marv	land.	Name of operation Date of What test confirmed diagnosis? Was there an aut			
15. MAIOEN NAWBy Caroline B	ethards	23. If death wes due to external causes (VIOL ENCE) fill in also the following:			
15. MAIOEN NAME (Caroline B 16. BIRTHPLACE (city of town) Mary	land.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19		
17. INFORMANT Joe Shockly (Address) Berlin, M	đ•	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	E.		
18. BURIAL, CREMATION, OR REMOVAL Place Queen Anne Oate	Dec. 17,49 3	Menner of injury			
19. UNDERTAKER J. W. Burbage (Address) Berlin		24. Was disease or injury in any wey related to occupation of deceased?	-4		
20. FILED 12./17, 1932 Helen		(Signed) Alen F. Kay Irak (Address) Lilia Ind	一 茶节.		

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RECEIVED 1/4/33 BUREAU VS

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: PROKITY 19 Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street cor I week ago Cerebral hemorrhage July 5, 1927 Peritonitis -3 days ago Other contributory causes of important Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

see letter under "Houward"	Jan-1933 in ree and &
additional information	

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN

V. S. No. 1

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County W	wreister			Registr	ration Dist. No. 33	-2
Village or City_	13 uli	a m	d	No.	42	War
Length of residence	e in city or town where	death occurred		death occurred in a hospital or institution, give itsds. How long in U.S. if of foreign bir	NAME instead of street and	d number)
2. FULL NAME	5/1	· St	mark		W	,mosu
(a) Residence:			macy	St Ward. ·		
		(Usual place		If nonre	esident give city or town a	
	AND STATIST	1		MEDICAL CERTIFIC	ATE OF DEATH	
Hemole	COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	9. (Day)	, 193 2
Sa. If married, widowed, o HUSBAND of (or) WIFE of	r divorced			22. OF CHEREBY CERT	T f F Y That I attende	
6. DATE OF BIRTH (mon	h day and year)	119/	1931	I last saw hear alive on		3 death is said
7. AGE Years	Months 3	Days	ff LESS than I day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and relate	6. A.m.	- == ueatii 15 Said
Z 8. Trade, profession	or particular		ormin.	were as follows:		Date of onsat
SAWYER, BOO	done, as SPINNER, KKEEPER, etc			Lotos men	noma	PRC5-1
A mdustry or busin	ess in which e, as SILK MILL, NK, etc					
Kind of work SAWYER, BOC Industry or busin work was don SAW MILL, B) IO, Date deceased lat this occupation year)	t worked at (month and	f1. Total 1	time (years)		***************************************	
12. BIRTHPLACE (city or (State or country)	own)	nd,		Other Coutributory Causes of importance:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
13. NAME	and Kl	moch				
14. BIRTHPLACE (city (State or coun		nd	A A	Name of operation	Date of	- 3
15. MAIDEN NAME	Leorgean	na /21	Muishau	23. If death was due to external causes (VIOLEN		
16. BIRTHPLACE (city (State or coun		md,		Accident, suicide, or homicide?		7
17. INFORMANT	lau 1	mai	and .		city or town, county and St. In HOME, or in PUBLIC P	ate) LACE,
f8. BURIAL, CREMATION, Place	OR REMOVAL	Date_AQu	4.12,193.7	Manner of Injury		
19. UNDERTAKER(Address)	W /3	irbag	End	24. Was disease or injury In any way related to	occupation of deceased?	Aco
20. FILED Alle 1	2 1032	or Su	1	(Signed) On He	lland	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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- A -	Example I	2 D J J J J J J J J J J J J J J J J J J	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	11	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 4 1933	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

OCCUPA-PHYSICIANS should state IS A PERMANENT RECORD. Every Exact statement stated EXACTLY. properly classified. FOR BINDIA certificate. WITH UNFADING INK-THIS MARGIN RESERVED AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRIFE PLAINLY,

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		1,32,54
County Wrcesler	,	Registration Dist. No. 332
Village or City Berl	m·	NoSt,Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrs,mos	ds. How long In U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME mare	of U. Smith	
(a) Residence: No.	V	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of		(month) (bay) (real)
(or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from Opsil 1, 1932, to Wee. 8, 1932
6. DATE OF BIRTH (month, day, and year)	Jr. 13,1865	I last saw II et aliva on Wec, 8, 1932; death is said
7. AGE Years Months	Days If LESS than	to have occurred on tha date stated above, at 9:60 H.m.
1.4 9	28. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	, oi	Ohronic Myocardity Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		4
9. Industry or business in which	21	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Nousewife.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	11. Total tima (years) spent in this	
year)	3-2 occupation	
12. BIRTHPLACE (city or town)	care and.	Other Contributory Causes of importance:
(State or country)		Company
13. NAME CLIPPAGE YOU	-ale.	
E	ml	none_
14. BIRTHPLACE (city or town) (State or country)	1700.	Name of operation Date of
	- (:	What tast confirmed diagnosis? 4 Was there an autopsy?
I 15. MAIDEN NAME	rour	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city er town)		Accident, suicide, or homicida?, 19, Oata of injury, 19
(State or country)	0 /	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mo. Cast (Address)	Hastings	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Placturgreen Com	: Date Leek 1932	Nature of injury
D.IN- 1:	Busbane.	24. Was disease or injury in any way related to occupation of deceased? The
19. UNDERTAKER (Address)	elin, hid	If so, specify
	rul l l	(Signed) C, E. Chott M.
20, FILED Lee 12, 1932 10	Membra Registrar.	(Address) Barlin
76		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis JAN 4 1933	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EURPAU V. 8.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

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item of infor-	should state	of OCCUPA-	
RECORD. Every	Y. PHYSICIANS	Exact statement	
IS A PERMANENT	stated EXACTL	properly classified.	
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH							
County	County Worgester				Registration Dist. No.	50	
	City POCO esidence in city o			(1) yrs,mos	No. R.F.D. # 2. St., death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. If of foreign birth?	Ward	
2. FULL N	AME Lev	in Tea					
	ence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
PERSO	NAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	-	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (carrie the word) Married Acriled				RIED, WIDOWED. O (write the word) E C.	21. DATE OF DEATH Pocomoke City, December 6th., 193	2 (Year)	
5a. If married, wid HUSBAND of (or) WIFE of		Teagl	Le		22. HEREBY CERTIFY That I attended decea		
6. DATE OF BIRT	H (month, day, an	d year) Na.1 Months	ch 12th	If LESS than	t last saw h alive on the date stated above, at 5 . 45 P m.	ath is said	
6	4 fession, or partic	8	24	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onset	
SAWY	f work done, as S ER, BOOKKEEPER	SPINNER,	Farmer	****************	Truflegya 175de m	1.19	
Work N	r business in wh was done, as SILK MILL, BANK, etc	MILL,			I templegele (profit gide) her	21.43	
- 11 1113 00	10. Date deceased last worked at 1929 this occupation (month and year) occupation				Exhaustion 1	elg	
12. BIRTHPLACE (State or co			er Cour	ıty	Other Contributory Causes of importance:	923	
13. NAME	Edward	Teagl	e		en Herting always	-/	
	CE (city or town) or country)	- Table 1419	ster Co	unty	Name of operation Date of What test confirmed diagnosis? Was there an autops		
当 15. MAIDEN	NAME NO	t Know	'n		23. If death was due to external causes (VIOL ENCE) fill in also the following:	·y:	
15. MAIDEN I	CE (city or town) or country)				Accident, suicide, or homicide? Date of injury, Where did injury occur?	19	
17. I NFORMANT (Address)	Pocomok	White cit	y Maryla	and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18, BURIAL, CREMATION, OR REMOVAL St. James Cemetary Date Dec. 11th, 19 32				AND DESCRIPTION	Manner of Injury		
19. UNDERTAKER (Address)	Varus	e City	Steve Maryla	and.	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED ALL C.	2 19-	12 /1	n TR	Registrar.	(Signed) () avonus	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balinore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 weck ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Recistrar.

If more blanks are needed, address Stele Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ...

BINDI

FOR

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example I	1	Example II	
The principal cause of of importance were as f	death and related causes collows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	A-	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	lis JA4 4 1835	1921	Run over by street car	1 week ago
Cerebral hemorrhage	2000	July 5, 1927	Peritonitis	3 days ago
	BURBAU V. S.			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example	- de constitution de la constitu	Example II	
The principal cause of death and related causes of importance were as follows: JAN 4 1933	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis PUPSEU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

STATE	OF	MADVI	AND-	-CERTIF	CATE	OF	DEAT
SIAIE	UF	MARIL	AIVU-	CERIII	CALL		DLA

1. PLACE OF DEATH	13758
County Warcester	Registration Dist. No. 353
Village or City They I Ward and	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
0 4 11 11 1	
2. FULL NAME Sara U. Ualle	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Theodor Morking Haller	22. HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, dey, end yeer) January 6 763 7. AGE Years Months Dayst It'LESS than	Tlast sew here elive on Dec 20, 1932; death is said to have occurred on the date steted ebove, et 8 4 m.
69 1 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	in a sore tor. Became torse all
Solution of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month and	the time, extending to her foot
10. Dete deceased lest worked at this occupation (month and 6-/3-2 spent in this occupation. 5 Reg.	ews.62
12. BIRTHPLACE (city or town) Many and (State or country)	Other Contributory Causes of importence: She was very old.
II 13. NAME do not honore	one way oras
14. BIRTHPLACE (city or town) - and -and (State or country)	Name of operation Date of Whet test confirmed diagnosis? Observation Was there an eutopsy?
15. MAIDEN NAME LONGE JUDGOTS	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAM	Accident, suicide, or homicide?
17. INFORMANT Of A CAMPANA CAM	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Are well exercise Date 12 /9 2	Menner of Injury
19. UNDERTAKER (Address) Selection (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 26, 10 Thyan Registrar.	(Signed) P. O. Callino M. D. (Address) Birth Phille Lac
A Augustus	

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Example I			Example II	and the same of
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	FINE	3 days ago
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Worcesler	Registration Dist. No. 35/
Village or City of now Hill Make	No. St., Wa
Village of Oily	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?yrs mos
2. FULL NAME (trifus James)	Wills
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH
Male come & maney	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased fr
(or) Here of florence Wills	1931 to 10/30 193
11 20 1861	4/29 33
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	1.03.30
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated obove, at 10.30 Hm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
/ / / / orruin.	were as follows:
a Trade, profession, or particular kind of work done, as SPINNER,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SAWYER, BOOKKEEPER, etc.	there alarun y/ ham 1981
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 10/3/3/11. Total time (years) spant in this occupation occupation	.,
10000000	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Jen My Caracias
	- Cun englin Loud axus 1/8/
13. NAME W. H. Wells	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosist
15. MAIDEN NAME Pertila Turby	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17 INFORMANT Rise M. Wells	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Susurful, Ind	
18. BURIAL, CREMATION SR REMOVAL	Manner of injury
Place M Olivernety Deteron: 1933	Neture of injury
Toma Harald Haralla so	24. Was disease or injury in any way related to occupation of deceased2
19. UNDERTAKER (Address) Littain 12 That	If so, specify
	(Signed) At Calacha M
20, FILED 1781, 1932 TELOY Screet	
Registrare	(Address)

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Chronic interstitial nephritis A 3 183	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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raby	fit hudring. Seen dying by two men	
for	part history gage	

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